

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Jason William Miller #003220

Full Name of Plaintiff

Inmate Number

v.

PA Jeremy Rutherford

Name of Defendant 1

Name of Defendant 2

Name of Defendant 3

Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. _____
(to be filled in by the Clerk's Office)

☐ Demand for Jury Trial

☐ No Jury Trial Demand

FILED
HARRISBURG, PA

SEP 06 2024

PER IB
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)

☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)

☒ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Miller, Jason W.
Name (Last, First, MI)
#003220
Inmate Number
SCI Houtzdale
Place of Confinement
209 Institution Dr.
Address
Houtzdale, Pa. 16898 Clearfield
City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

PA Jeremy Rutherford
Name (Last, First)
Physician's Assistant
Current Job Title
SCI-Camp Hill
Current Work Address
Harrisburg, PA 17102
City, County, State, Zip Code

Defendant 2:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 3:

Name (Last, First)

Current Job Title

Current Work Address

* _____
City, County, State, Zip Code

Defendant 4:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

At medical dispensary at SCI-Camp Hill roughly at 15:30hrs upon arrival to facility. I was ordered to remove ring from right hand, middle finger

B. On what date did the events giving rise to your claim(s) occur?

5/17/23 my arrival time to SCI-Camp Hill 12:45-13:00hrs

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

After COs at SCI-Camp Hill ordered me to remove ring from my right hand middle finger I was unable to do so due to left side paralysis. I mentioned I had worn that ring for over a year. Several Correctional Officers, medical staff attempted to remove ring by string method using ring cutter also cast saw to no avail. Mr. Rutherford called Shift Commander asking permission to gather tools angled wire cutters, files, and after he was allowed a Dremmel 3000 power tool. A single piece of gauze against my skin only to safeguard against the Dremmel. The Dremmel got away from him cutting and burning my finger. I asked him to "please, stop." for about 3 hours approximately he attempted to remove my ring. After his efforts I was provided triple antibiotic ointment and escorted back to "R" block.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

Enhancement of Damages

Negligence

Cruel and unusual punishment

Deliberate Indifference

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Burns, scarring, permanent nerve damage

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

ADA damages, compensatory relief

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Jason W. Miller

Signature of Plaintiff

9/23/24 LM
8/26/24

Date

SCF Hartzdale
209 Institution Dr.
Hartzdale, Pa. 16648
Jason M. Miller
#CQ8224

PRIMATE MAIL
PA DEPT
OF CORRECTIONS

neopost
09/03/2024
DISPOSTAGE \$002.04
ZIP 16698
041112204394

Office of the Clerk:
United States District Court
Sylvia A. Rambo United States Courthouse
1501 North 6th street, Suite 101
Harrisburg, Pa. 17102

-REC'D-
HARRISBURG, PA

SEP 06 2024

PER JM
DEPUTY CLERK

